

LSTA Change in Key Personnel

Applicant Library Name: _____

Project Number(s): _____

Former Library Name (if applicable): _____

As Submitted on Application (or previous Change in Key Personnel form):

Fiscal Agency: _____

Fiscal Agent (Name and Title): _____

Grant Administrator (Name and Title): _____

Authorized Official (Name and Title): _____

Other (specify) (Name and Title): _____

Change(s):

Grant Position: _____

Name	Title	Signature (required)	Effective Date
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Email Address	Phone Number	Fax Number
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Grant Position: _____

Name	Title	Signature (required)	Effective Date
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Email Address	Phone Number	Fax Number
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Grant Position: _____

Name	Title	Signature (required)	Effective Date
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Email Address	Phone Number	Fax Number
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Grant Position: _____

Name	Title	Signature (required)	Effective Date
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Email Address	Phone Number	Fax Number
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I have approved the change(s) in key personnel for administration of the Library Services and Technology Act project(s) listed above.

Name and Title of Authorized Official

Signature Date



Dept. of History, Arts and Libraries
LSTA Team
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